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The greater mortality of females during the child-bearing age is evident at a glance.

Cholera in the Bombay Presidency, 1903.

Population of the Presidency (1901), 18,481,362.

Deaths from cholera each year since 1883.

1883	37,954	1894	33,588
1884	13,804	1895	8,890
1885	37,287	1896	35,404
1886	167	1897	57,109
1887	25,711	1898	4,368
1888	36,500	1899	8,579
1889	32,431	1900	163,889
1890	3,259	1901	13,600
1891	17,850	1902	3,229
1892	42,900	1903	1,825
1893	18,853	Mean of 20 years, to 1902	29,768

The record shows that cholera is indeed endemic in the Presidency, lighting up into epidemics lasting generally three years. If the deaths are multiplied by 2, on the assumption of the general cholera mortality being 50 per cent, some idea may be formed of the terrible amount of sickness and suffering caused by this disease. During 1903 the disease was practically confined to the province of Sind, where there was a distinct but slight epidemic. In 1902 as well the epidemic was in the same province. Outside of this province, in which 96 per cent of the cholera mortality for 1900 occurred, there were but 9 out of the remaining provincial districts in which any cholera deaths occurred. In these same places were found the foci of the disease in 1902.

Monthly mortality from cholera, 1903.

During the first four months of 1903 there were but 6 deaths in the entire Presidency—5 in Bombay city and 1 in the town of Broach. From May to October cholera was active in Sind Province, being at its height during the terrific heat of June, July, and August, when 1,141 persons died; 65.12 per cent of the total mortality occurred at this time.

Seasonal mortality from cholera.

There is a distinct relation between cholera and seasons. In the rainless province of Sind the seasons differ from others in the Presidency in their excessively high temperatures in the hot months and the very great alternations in the cold. The air is very dry. The maximum mortality occurred during these hottest months in both 1902 and 1903.

Urban versus rural mortality from cholera, 1903.

Out of 220 rural circles in the Presidency, 28 or 12.73 per cent were attacked, as against 34 or 15.45 per cent last year. Of 56 town circles, 10 were affected, as against 8 last year. In the towns of Belgaum, Ahmadnagar, Bijapur, and Broach, each the chief town of a provincial district, there was 1 death apiece. In Poona City there were 2 deaths, and in Bombay City only 17. In four towns in Sind the mortality was marked, averaging 2.64 per mille.

Out of 25,846 villages registered in the Presidency, only 160 were attacked by cholera; 152, or 95 per cent of these were in Sind.

Percentage of deaths, cholera, 1903.

The number of attacks recorded was 2,768, and of deaths 1,825, giving a fatality of 65.93 per cent, which is high. Probably all attacks were not reported.

Progress of the epidemic in Sind.

The first case was reported as imported from a town on the Ganges River, and a second of similar origin soon followed, after which local cases began to appear. As no special medical officers were engaged in the investigation or treatment of the disease, no study of the local water supply was possible. That cholera should spread from the Ganges River is no new thing, considering the unsanitary habits of bathers and devotees.

Smallpox in the Bombay Presidency, 1903.

Deaths registered from smallpox since 1892.

1892	2, 770	1898	1, 834
1893	3, 567	1899	1, 946
1894	3, 155	1900	9, 885
1895	2, 299	1901	5, 340
1896	6, 443	1902	2, 189
1897	3, 835	1903	2, 732

Giving a mean mortality for twelve years of 3,833, and a decennial mean for ten years ending 1902 of 4,049. Of the 2,732 deaths there were 1,488 among males and 1,244 among females.

One thousand four hundred and sixty of the total deaths in the Presidency occurred in Bombay City (i. e., 53.44 per cent).

Assuming 1 death in every 30 cases, among vaccinated and unvaccinated, there were 81,960 persons attacked by the disease during 1903.

Deaths by age.

Twenty-nine and eighty-seven hundredths per cent of the mortality was in children under 1 year old; 39.60 per cent among children 1 to 10 years old, and the balance, 30.53 per cent, among persons over 10.

Progress of the disease—Preventive measures.

The disease is endemic. There being no jurisdiction over the movements of infected persons, either by road or boat, in Sind Province, the disease spreads readily. In a very severe outbreak in the town of Malegaon there was great opposition to vaccination on the part of a class of local weavers, and great difficulty in obtaining early notification of the disease from neglect on the part of the people in reporting cases.

In another province the deputy sanitary commissioner observes: "Parents in the jungle districts of Kanara and Dharwar object most strongly to vaccination, especially of infants under 1 year of age; thus many children escape vaccination permanently."